

Healthy People 2010 Grant Program for Chapters - Tobacco

Please type or print legibly, using a font no smaller than 10 points with at least 1/2" margins on all pages. For more information, please refer to the Request for Proposals. This application is also available on the Member Center of the American Academy of Pediatrics (AAP) Web site at www.aap.org/moc by clicking on "Chapter & District Relations" in the "Chapters, Committees, Councils, and Sections" box to the left, and then on the "Tobacco" link located in the "Healthy People 2010" drop-down box. Final submissions can be sent electronically or by mail.

AAP chapter

As the chapter's primary contact pediatrician, I describe myself as a(n)

- Practicing community-based pediatrician Academic pediatrician Medical director
- Hospital-based pediatrician Public health pediatrician Pediatric subspecialist
- Other _____

Primary contact pediatrician

Name	Title	
Address		
City	State	ZIP
Phone	Fax	E-mail

Secondary contact person (if applicable)

Name	Title	
Address		
City	State	ZIP
Phone	Fax	E-mail

Reviewed by chapter president (required)

Signature	Date
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Program name _____

Proposal summary/abstract, including which Healthy People 2010 objective(s) the proposal addresses and the overall goals of the program (250 word limit)

Describe the following:

a. Applicant organization (Describe the role of the chapter in this proposal, and how the present program fits into the chapter's activities and strategic plan.)

b. The target population (including the number of children to be impacted and demographic data)

c. The community being served (including number of pediatricians)

d. What are the barriers in this community to achieving the Healthy People 2010 objective(s)?

e. Describe the specific activities and how they will achieve the Healthy People 2010 objective(s)

Identify community collaborative partners for this program (eg, grassroots associations, parents, faith-based groups, local businesses, local public health service agencies, school boards, hospitals).

Describe the timeline for accomplishing your goals and objectives (not to exceed 18 months).

Program Goals and Objectives	Months					
	3	6	9	12	15	18

Describe how you will measure the achievement of your goals and objectives.

Identify the long-range goals for this program and plans for sustainability and replication in other communities beyond the grant period, including sources of potential future funding.

Budget detail and justification—not to exceed \$20,000 (See *Request for Proposals* for a sample budget.) **Note: AAP Chapter is the fiscal agent for the grant. Explain what resources, if any, the chapter will allocate to this program.**

Activity	Description/Formula	\$ Amount
TOTAL Amount Requested		\$

Signatures

Primary Pediatrician _____ **Date** _____

Secondary Contact _____ **Date** _____

Checklist:

- Program addresses Healthy People 2010 Focus Area 27: Tobacco Use.
- Application is typed in a font no smaller than 10 points.
- Application has been reviewed and signed by the chapter president.
- Application includes a letter of support from the chapter.
- Application is postmarked by March 31, 2010.

Proposals must be postmarked by March 31, 2010.

This application may be re-created on your computer to fit the format of 4 pages. If you would like the document e-mailed to you in Word format, please contact Pat Stien at pstien@aap.org. If you prefer, you can access a PDF version of the application online on the Member Center of the AAP Web site at www.aap.org/moc by clicking on “Chapter & District Relations” in the “Chapters, Committees, Councils, and Sections” box to the left, and then on the “Tobacco” link located in the “Healthy People 2010” drop-down box. Applications can be sent electronically to pstien@aap.org or mailed to:

**Healthy People 2010 Grant Program for Chapters
 Attn: Pat Stien, Manager, District Relations
 Division of Chapter and District Relations
 American Academy of Pediatrics
 141 Northwest Point Blvd
 Elk Grove Village, IL 60007-1098**

